STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: Andrea Boland	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: 22 Kent St.	are District Marine II.
CITY: <u>Sanford</u>	Member of the Senate, District
ZIP CODE: 04073	
PHONE NUMBER: 207-324-4459	Member of the House, District 1/1/2

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.

- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

TERROR REEL A COLL OF THIS STATEMENT FOR YOUR FILES.	

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	Address	Principal Type of Economic Activity of Employer
Name of Employer 1	<u>, , , , , , , , , , , , , , , , , , , </u>	Activity of Employer
		,
2		
<i>5.</i>	*****	
PART II. INCOME DERIVED FROM A. Enter the name and address of your income. If associated with a partner economic activity of that entity.	r business, if any, and list the major are	islators who are self-employed.) as of economic activity from which you derived r similar business entity, list the major areas of
Name and Address Major . of Business Entity	Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
1. Andrea Boland Title Framiner	- real estate title	ekams
2. Relig Int's independent dis	tributor nutritional 3	n ppkmonts
	,	
derived such income. If this form o	of disclosure is prohibited by law, rule, conomic activity of the entity or person	ctivity of the entity or person from whom you or an established code of professional ethics, from whom the income was derived.
Name of Source	<u>Address</u>	Principal Type of Economic Activity of Entity or Person Who Is the
	Address Morument - Square, Porthund HE	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
		Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
	e Honument Square, Parkhud, HE	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
1. Prene Atward On	e Honument Square, Parkhud, HE	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
1. <u>Perce Athornal On</u> 2. 3. PART III. MAJOR AREAS OF PRAC	EMorument Square, Porthand ME	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
1. <u>Pierce Atward</u> On 2. 3.	EMorument Square, Porthand ME	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
1. Perce Attogral On 2. 3. PART III. MAJOR AREAS OF PRAC practice. If associated with a law firm, list	ETICE. (For Legislators who are attent the major areas of practice (self)	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income According Principal Type of Economic Activity of Entity or Person Who Is the Source of Income According Principal Type of Economic Activity of Entity or Person Who Is the Source of Income According Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
1. Perce Attogral Out 2. 3. PART III. MAJOR AREAS OF PRAC practice. If associated with a law firm, list Name and Address of Firm	ETICE. (For Legislators who are attor the major areas of practice of your fire Major Areas of Practice (self)	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income According Principal Type of Economic Activity of Entity or Person Who Is the Source of Income According Principal Type of Economic Activity of Entity or Person Who Is the Source of Income According Principal Type of Economic Activity of Entity or Person Who Is the Source of Income

Name of Source	Address	Kind of Income
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ART V. DISCLOSURE OF RE	EPORTABLE LIABILITIES List the m	
ot list loans from a relative. If none	ring the reporting period, and list the major a , so state.	reas of economic activity of each creditor. I
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
ART VI. DISCLOSURE OF GI	FTS. Name the specific source of cook of	
ART VI. DISCLOSURE OF GI	FTS. Name the specific source of each gi	ft of more than \$300. Include gifts with a
ART VI. DISCLOSURE OF GI gregate value of more than \$300 fro	FTS. Name the specific source of each gi	ft of more than \$300. Include gifts with a
ART VI. DISCLOSURE OF GI	FTS. Name the specific source of each gi om a single source. If none, so state. 3.	ft of more than \$300. Include gifts with a
ART VI. DISCLOSURE OF GI gregate value of more than \$300 fro	FTS. Name the specific source of each gi om a single source. If none, so state. 3. 4. ONORARIA. List the source of any bar	ft of more than \$300. Include gifts with a
ART VI. DISCLOSURE OF GI gregate value of more than \$300 from the state of the stat	FTS. Name the specific source of each gi om a single source. If none, so state. 3. 4. ONORARIA. List the source of any hone so state.	ft of more than \$300. Include gifts with a
ART VI. DISCLOSURE OF GIngregate value of more than \$300 from the state of the stat	FTS. Name the specific source of each gi om a single source. If none, so state. 3. 4. ONORARIA. List the source of any hone so state. 3.	ft of more than \$300. Include gifts with a
ART VI. DISCLOSURE OF GI gregate value of more than \$300 fro ART VII. DISCLOSURE OF He ated to your official duties. If none,	FTS. Name the specific source of each gi om a single source. If none, so state. 3. 4. ONORARIA. List the source of any hone so state. 3. 4.	ft of more than \$300. Include gifts with a
ART VI. DISCLOSURE OF GI gregate value of more than \$300 fro RT VII. DISCLOSURE OF H ated to your official duties. If none, RT VIII. REPRESENTATION represented or assisted others for c	FTS. Name the specific source of each gi om a single source. If none, so state. 3. 4. ONORARIA. List the source of any hone so state. 3. 4. BEFORE STATE ACENCIES. Markets	ft of more than \$300. Include gifts with an oraria accepted for appearances or speeches each executive branch agency before which is.

	the in excess of \$1,000 during the reporting period. If none, so state.
1	2
PART X. INCOME RECEIVED BY MEMBERS O	F IMMEDIATE FAMILY.
List the type of economic activity representing each sour child(ren) during the reporting period and the kind of inc income received by spouse and (D) beside sources of inc	rce of income of \$1,000 or more received by your spouse or depender come represented. Do not include gifts. Indicate (S) beside sources come received by dependent(s).
Type of Economic Activity Representing Each Source of	
Income Received	Kind of Income
1. Office work (d)	employment employment
2. Insurance (d)	employment
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ttorney General. If the Commission determine a tement or has willfully filed a false statement terest on every question and shall be precluded and of the Legislature, and shall not attempt	be a Class E crime. If the Commission concludes that it less statement, it shall refer its findings of fact to the esthat a Legislator has willfully failed to file a required, the Legislator shall be presumed to have a conflict of d from voting on any question in committee or in either to influence the outcome of any question. A Legislator subject to a civil penalty not to exceed \$1,000, payable to .R.S.A. § 1019)
Chilia M. Baland Signature	2.13.07
Signature	Date